

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

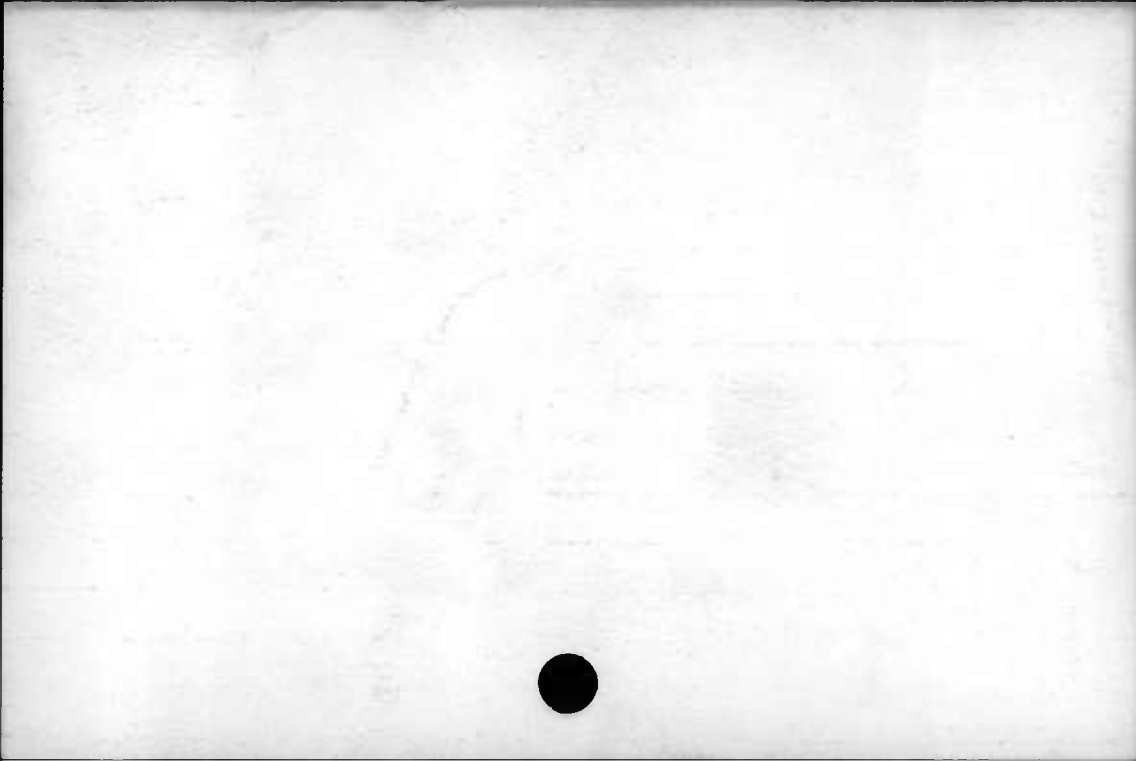
MARYLAND

Died at <u>Gothier</u> Town		<input checked="" type="checkbox"/> <u>Harriet</u> County			
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>28</u>	Years <u>90</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u> </u>		Father's Birthplace			
Mother's Maiden Name <u> </u>		Mother's Birthplace			
Name of person giving information <u>Son</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart disease due to age</u>	How long
Immediate <u>Pneumonia</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>M. C. Hinebaugh</u>
	Address <u>Coveau md</u>
Accident or Suicide?	



Name
in
Full

Frank H Leuster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Grantsville* ^{Town} *Garret* ^{County}Date of death *Sept 15* 190*7* ^{Month} ^{Day} Age *44* ^{Years} Months *11* Days *18*Sex *Male* Color or Race *White* Birth-place *Grantsville*Occupation *Farmer* Where Residing if not at place of death *Place of birth*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Samuel Leuster* Father's Birthplace *Don't know*Mother's Maiden Name *Lydia Leuster* Mother's Birthplace *Grantsville*Name of person giving information *Milton Krumpholtz* How related to deceased *Brother in Law*

CAUSES OF DEATH

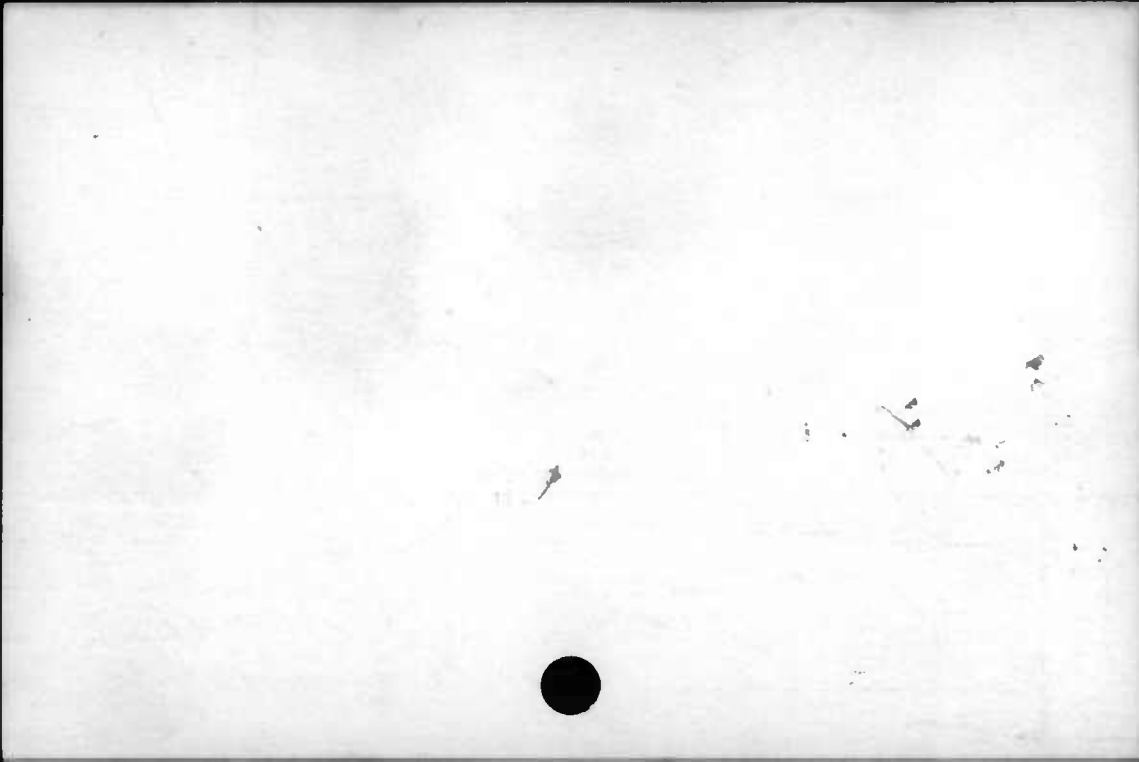
Primary *Dysentery* How long *5 days*
Immediate *Heart failure* How long *3 years*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. B. Bonanough
Grantsville

Accident or Suicide?



Name
in
Full

Eva. M. Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendsville</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>sep</i>	Day <i>22</i>	Age <i>1</i>	Years <i>3</i>	Months <i>9</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edwin Dixon</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Beatha. L. Hike</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Edwin Dixon</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 wks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Mason</i>
	Address <i>Friendsville</i>
	<i>Ind</i>
Accident or Suicide?	

Sigon Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

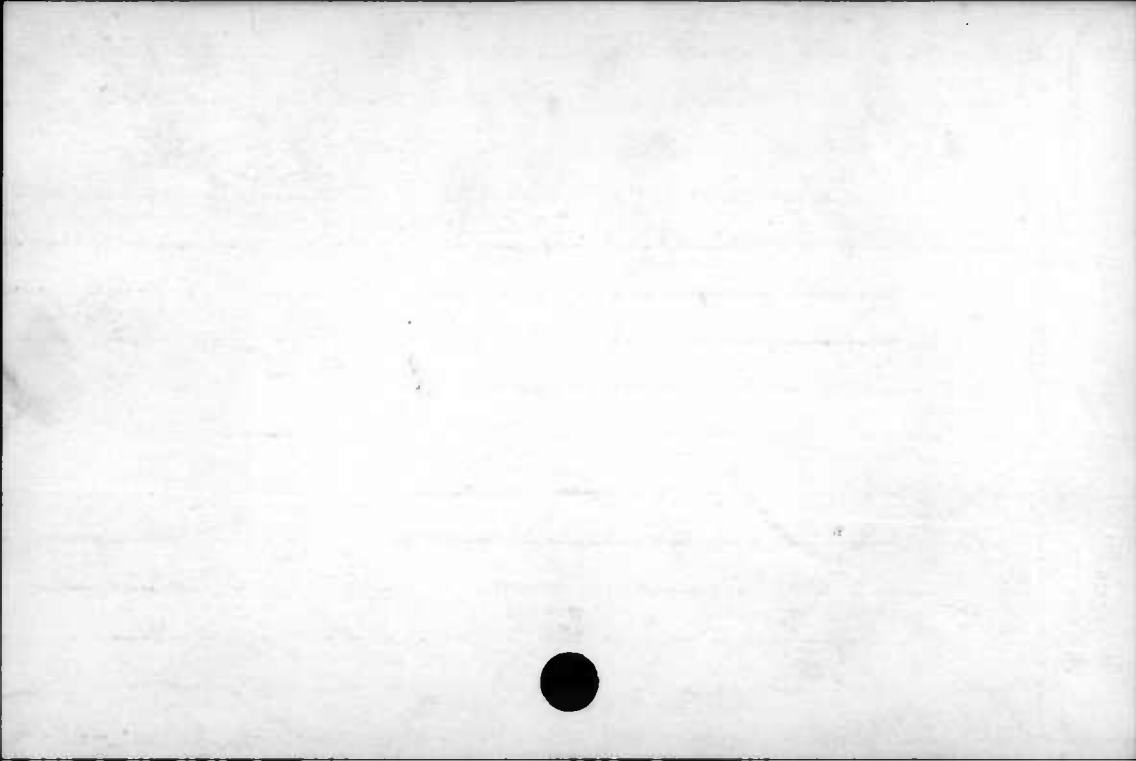
MARYLAND

Died at <i>Altamont</i> ^{Town}		<i>Garrett</i> ^{County}			
Date of death <i>1905</i>	<i>Sept.</i> ^{Month}	<i>7</i> ^{Day}	Age <i>1</i> ^{Years}	<i>3</i> ^{Months}	<i>14</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Altamont</i>		
Occupation _____	Where Residing if not at place of death _____				
Married , Single _____		Name of Wife or Husband _____			
Father's Name <i>Michael Felker</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie McClellan</i>			Mother's Birthplace <i>Altamont</i>		
Name of person giving information <i>Michael Felker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Had severe Fever while a County Prisoner after moving to altamont took Bronchopneumonia & finally took strangling cough & died</i>	How long: <i>4 weeks</i>
Immediate <i>of strangulation</i>	How long: <i>a few min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. L. Linnings M.D.</i>
	Address <i>1111 Park</i>
Accident or Suicide? _____	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

Catherine Greaser
Town *Oakland* County *Harrett*

MARYLAND

Died at

Date

of death

Month

Day

Years

Months

Days

1905

Sep

22

Age 17

Sex

Female

Color or
Race

White

Birth-
place

Woa

Occupation

House Girl

Where Residing if not
at place of death

Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Simpson Greaser

Father's
Birthplace

Woa

Mother's
Maiden Name

Camp

Mother's
Birthplace

Md

Name of person giving
In formation

Father

How related
to deceased

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

1 year

Immediate

Hemorrhage

How long

10 min

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

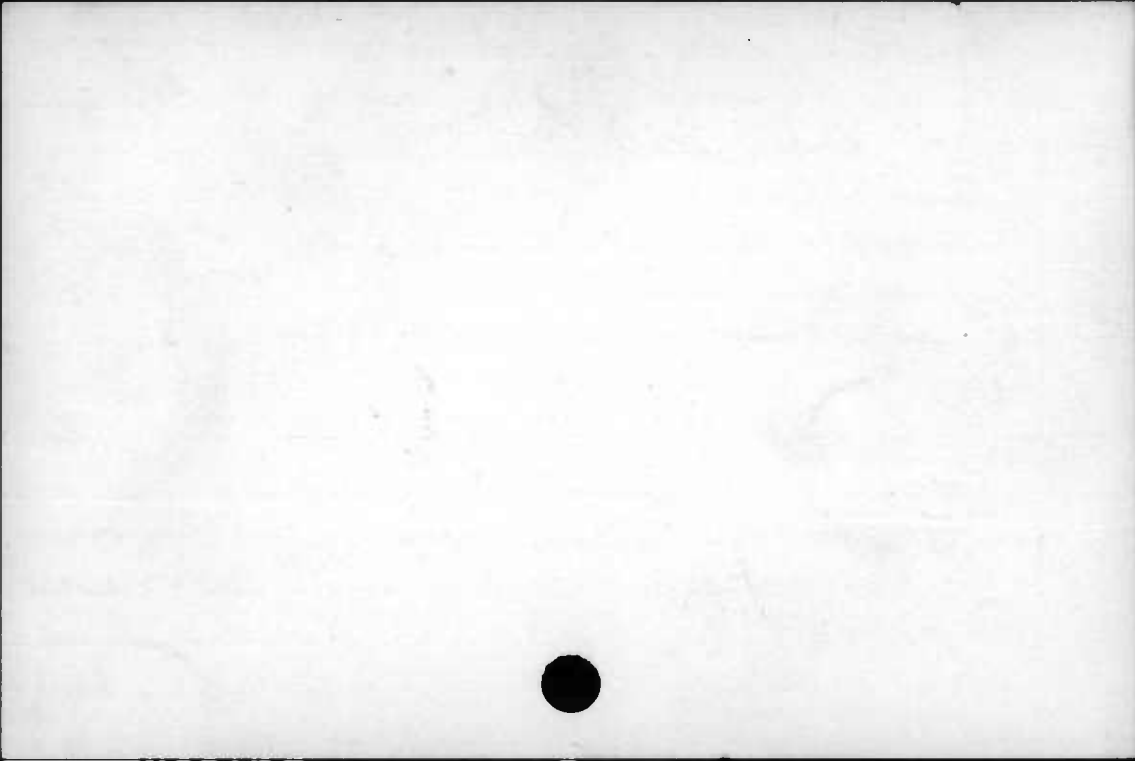
Address

Dr. Amey

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

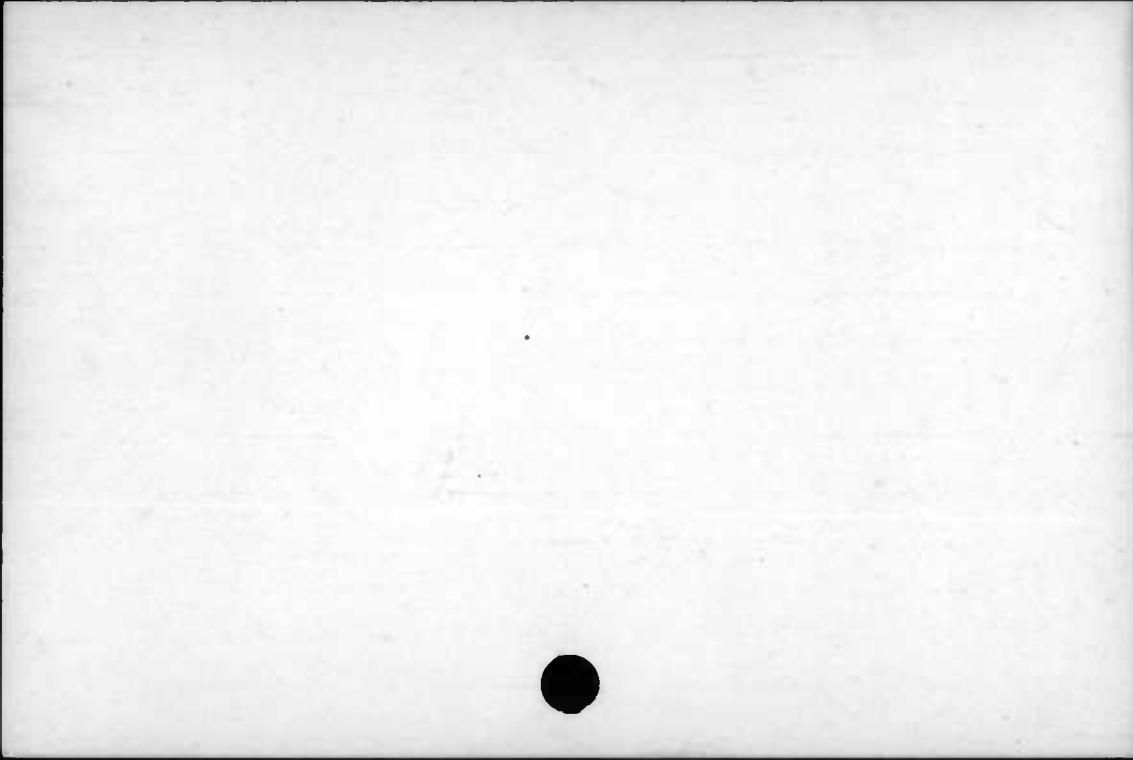
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Effie Hoff</i>		Town <i>Hager Run</i>		County <i>Essex</i>		STATE <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>Sep</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>W.</i>		Birthplace <i>West Va</i>				
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>?</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Verna Hoff</i>			Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>M. D. Friend</i>			How related to deceased <i>Brother in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Darwin trouble</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No physician</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name
in
FullInfant Keefe/m m/
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ches Hayes</i>		Town		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sep</i>	Day <i>25</i>	Age	Years	Months	Days	<i>2</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jacob Keefe</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Nettie Friend</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Gilbert Endow</i>		How related to deceased <i>no relation</i>					

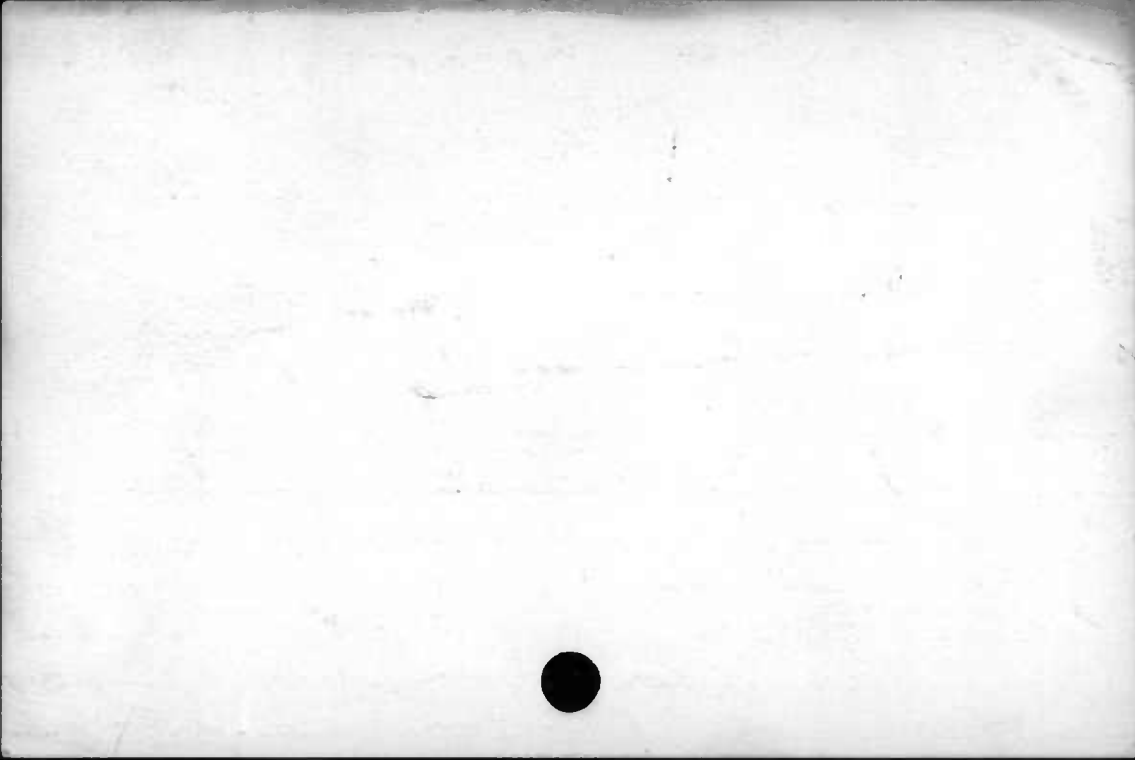
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long <i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Savage Undertaker</i>
	Address <i>Friendsville Md</i>
Accident or Suicide?	<i>no physician attending</i>

Sang Rur

Name in Full		CERTIFICATE OF DEATH			
Jacob Masser		Tcwr		County	
Died at		Accidents		Gorrad	
Date of death		Month	Day	Years	Months
1905		Sept	17	71	5
Age		27		Days	
Sex		male		Color or Race	
white		Birth-place		Maryland	
Occupation		farmer		Where Residing if not at place of death	
Accidents		Married, Single or Widowed		Name of Wife or Husband	
Monie		Sorrow Masser		Father's Birthplace	
Father's Name		Nicholas Masser		Maryland	
Mother's Maiden Name		darius Masser		Mother's Birthplace	
Name of person giving information		J E Guoguy		How related to deceased	
not at all		CAUSES OF DEATH			
Primary		complication of disease		How long	
Immediate		complication of disease		4 months	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Address		H. P. Bayer Med.	
		Accidents		md	
Accident or Suicide?					



Name
in
Full

Ulisses. c. A. Komesburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Friendsville^{County} Garrett

Date of death 1905 Sep

Day 10

Age 13

Months 10

Days 12

Sex Male

Color or Race

white

Birth-place

Pa Pa

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

L D Komesburg

Father's Birthplace

Pa

Mother's Maiden Name

Amanda G. Swartzel

Mother's Birthplace

Pa

Name of person giving information

L D Komesburg

How related to deceased

Father

CAUSES OF DEATH

Primary

Dysentery

How long

3 days

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

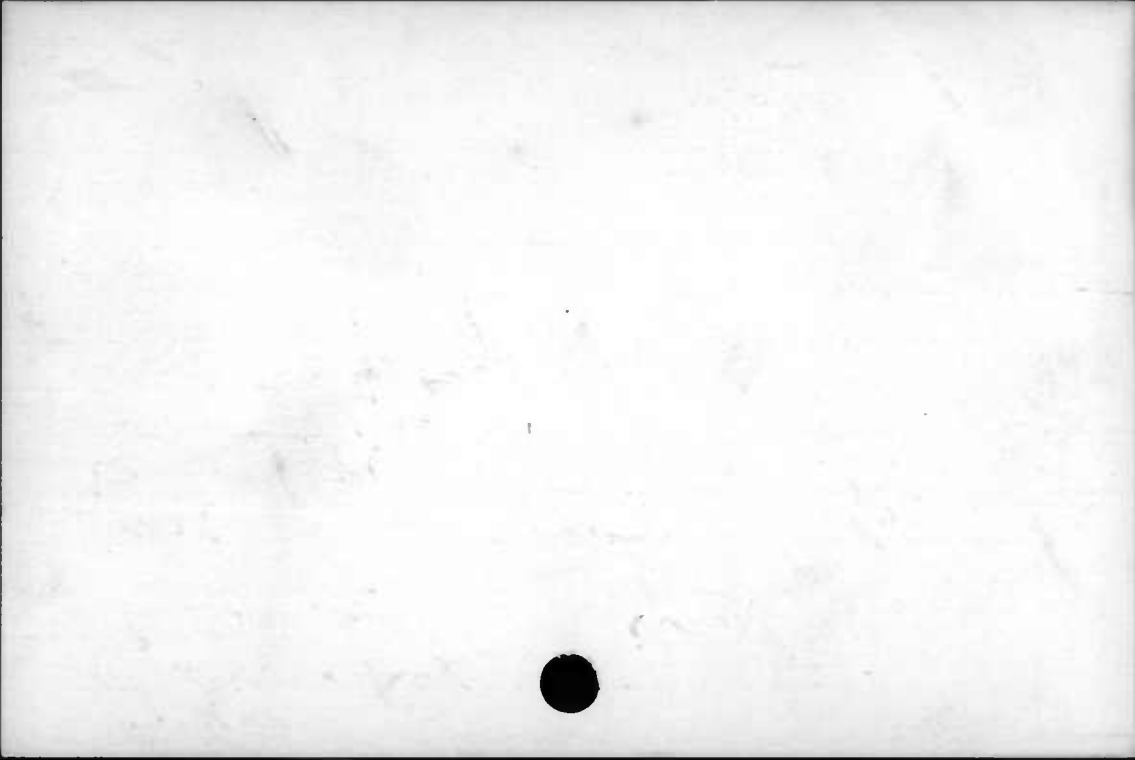
Signature of Physician

Address

Dr. M. A. ...
Friendsville
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Song Run</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND.	
Date of death <i>1905</i>	Month <i>Sep</i>	Day <i>2</i>	Age <i>—</i>	Months <i>9</i>	Days <i>12</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Welch</i>		Father's Birthplace <i>N. Va.</i>			
Mother's Maiden Name <i>Lillie Lowdermilk</i>		Mother's Birthplace <i>Mo.</i>			
Name of person giving information <i>James Welch</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>6 wks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Mason, M.D.</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>—</i>	

